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INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

COURSE DIRECTOR'S GUIDE

World Health Organization and UNICEF
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The *Course Director's Guide* is one part of a set of materials for conducting the course, *Integrated Management of Childhood Illness*. It assumes that the reader is familiar with the course materials and teaching methods.

PART ONE: PLANNING AND ADMINISTRATIVE ARRANGEMENTS

Careful planning and strong administrative support are essential before, during, and after the *Integrated Management of Childhood Illness* training course. This section of the *Course Director's Guide* describes the necessary plans and arrangements.

Clinical practice is an essential part of the *Integrated Management of Childhood Illness* course. The course provides daily practice in using case management skills so that participants can apply these skills correctly when they return to their own clinics. In addition to daily classroom work, each small group of participants visits an outpatient clinic each day, where they practice the case management process with sick children and young infants. Each group also goes to a centrally located inpatient ward each day for additional practice assessing and classifying clinical signs, especially signs of severe illness. Approximately 4 weeks after the course, participants receive at least one follow-up visit for reinforcement of skills and additional practice in their own clinics.

The clinical facilities and logistical arrangements required for conducting this course and follow-up visits are considerable. It is critical to select a general location for the course (town or area) which has a suitable inpatient facility and several nearby outpatient clinics that can be visited by participants during the course. It is also critical to select suitable facilitators, some of whom may also be available to conduct follow-up visits to participants after the course.

The Ministry of Health may be planning for a series of courses rather than a single course. Given the effort required to set up a course, the need to train facilitators, and the need for a series of courses to train a sufficient number of health workers to justify this investment, arrangements will often need to take into account longer term training plans. There may be a need to build a training team that can conduct courses on an ongoing basis (perhaps every month). If so, long-term considerations may affect the choice of facilitators and inpatient instructors.

For example, a hospital with a large paediatric ward may have several inpatient staff who can be trained and then serve as inpatient clinical instructor on a rotating basis. (One clinical instructor is needed per course, and the time commitment is 4-6 hours per day for 2 weeks per course). The hospital and nearby clinics may have staff who can serve as facilitators for several courses each year.

Part One of this guide describes first how to select clinical facilities to be used during the course. It then presents a checklist of the necessary plans and arrangements for the entire course. Following the checklist are more detailed instructions for making some of the arrangements.

Note about Adaptation

Before this course can be used, the Ministry of Health must review national policies and use the *Adaptation Guide* to determine the relevant recommendations to include in the course materials (the case management charts, modules and other materials). This adaptation process should also be used to modify the clinical session procedures and materials. Modification of the clinical guidelines and drug supply list is helpful so that the same procedures, drugs and equipment are used during the training as will be used later in the participant's own clinic. Ideally, this modification is done well before the course.

However, if the course has not yet been adapted to reflect national policies, refer to the *Adaptation Guide* as you review the national policies and identify the relevant recommendations. Modify the case management charts, clinical session procedures and course materials by filling in the blanks for:

- * recommended first-line and second-line oral antibiotics for pneumonia
- * recommended first-line and second-line oral antibiotics for treating *Shigella* and cholera
- * recommended first-line and second-line oral antimalarials
- * recommended safe remedies for soothing the throat and relieving cough, and dangerous ones to avoid
- * appropriate energy- and nutrient-rich local complementary foods

Add any significant modifiable local feeding problems that are not already on the *COUNSEL THE MOTHER* chart in the space provided in the module *Counsel the Mother*.

In addition, find out whether the course participants work in areas where there is high, low or no risk of falciparum malaria. In areas of low malaria risk, you will use certain optional case studies (which are already printed in the generic course materials). In areas where there is high malaria risk, or where there is some risk but not enough data to decide whether the risk is high or low, you will use the exercises for high malaria risk. (See the *Adaptation Guide* and section 5.0 in the module *Assess and Classify the Sick Child*.)

If there is no risk of falciparum malaria where the participants work, and children do

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